UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON D.C. 20460

March 17, 1998

OFFICE OF THE ADMINISTRATOR SCIENCE ADVISORY BOARD

Note to the Reader:

The attached draft commentary is a draft letter of the Science Advisory Board (SAB). The draft is still undergoing final internal SAB review, however, in its present form, it represents the consensus position of the panel involved in the review. Once approved as final, the report will be transmitted to the EPA Administrator and will become available to the interested public as a final letter.

This draft has been released for general information to members of the interested public and to EPA staff. This is consistent with the SAB policy of releasing draft materials only when the Committee involved is comfortable that the document is sufficiently complete to provide useful information to the reader. The reader should remember that this is an unapproved working draft and that the document should not be used to represent official EPA or SAB views or advice. Draft documents at this stage of the process often undergo significant revisions before the final version is approved and published.

The SAB is not soliciting comments on the advice contained herein. However, as a courtesy to the EPA Program Office which is the subject of the SAB commentary, we have asked them to respond to the issues listed below. Consistent with SAB policy on this matter, the SAB is not obligated to address any responses which it receives.

- 1. Are any statements or responses made in the draft unclear?
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For further information or to respond to the questions above, please contact:

Roslyn Edson, Designated Federal Officer Committee Operations Staff Science Advisory Board (1400) US Environmental Protection Agency Washington, DC 20460 (202) 260-3823 Fax: (202) 260-7118

April 3, 1998

EPA-SAB-IHEC-COM-98-XXX

The Honorable Carol Browner Administrator United States Environmental Protection Agency 401 M Street, SW Washington, DC 20460

1 <u>Subject</u>: Integrated Human Exposure Committee Commentary on Indoor Air Strategy

This Commentary was developed by the Integrated Human Exposure Committee (IHEC)
of the Science Advisory Board (SAB) in response to a consultation on the draft Indoor Air
Strategy from the Office of Air and Radiation (OAR). The consultation took place at a public
meeting on July 22, 1997. The Integrated Human Exposure Committee has generated this
commentary in order to express its support of the Agency's efforts to address the cross-cutting
public health issues raised by pollutant exposures in indoor environments. This commentary
also includes recommendations for areas in which the Agency should expand its activities in

indoor air to increase the understanding of indoor air risks and risk reduction opportunities.

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The indoor environment presents an important crosscutting issue for the Agency in its mission to "protect public health and safeguard the natural environment." Since most of the population spends about 90% of its time in indoor environments, exposures to most pollutants occur indoors, whether from outdoor or indoor sources. Furthermore, many of the greatest environmental health risks are encountered in indoor environments. Frequently, indoor levels of many air pollutants are two to five times higher than corresponding outdoor levels. Pollutants released outdoors can be brought into buildings with ventilation air. In some cases, the

chemicals that infiltrate into buildings undergo chemical reactions once indoors to generate secondary pollutants. Pollutants released into the outdoor environment are also brought indoors in food, water and tracked-in soil. Sources of indoor pollution can also originate from indoors, such as consumer and commercial products. Examples of these consumer and commercial products may include carpet, plywood, and other building materials. Indoor pollutants, such as environmental tobacco smoke and household pesticides, may add to or potentiate the effects of outdoor pollutants. Thus, cost-effective reduction of risks from environmental pollutants requires understanding total exposures (i.e., all sources, media, and exposure pathways) and the relative contributions of both indoor and outdoor sources to total exposure and risk.

In 1990, in its report "Reducing Risk: Setting Priorities and Strategies for Environmental Protection," the Science Advisory Board identified indoor air as a high risk deserving EPA's attention (SAB, 1990). Subsequent and, in some cases, more quantitative relative risk rankings by EPA Headquarters, regional offices and several states, have identified indoor pollution as being among the top four or five risks to environmental health. Other scientific committees have also identified indoor air as an important issue that needs further attention. For example, in March 1997, the Presidential and Congressional Committee on Risk Assessment and Risk Management highlighted indoor environmental issues as a problem that needs attention by Congress and the Administration. Efforts to address human health issues in the indoor environment are widely distributed across the EPA and other federal agencies. These efforts are often poorly integrated because they cut across agency missions. Thus, the indoor environment presents a number of challenges to EPA as well as the opportunity to be a national leader in addressing these issues.

CONCLUSIONS AND RECOMMENDATIONS

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The Integrated Human Exposure Committee of the SAB strongly supports and encourages efforts by the Agency to address the cross-cutting public health issues raised by pollutant exposures in indoor environments through its Indoor Air Strategy, the Human Health Indoors Policy Committee (HHIP), and its strategic goals for reducing environmental health risks. The purpose of the HHIP Committee is "to develop an Agency-wide action plan to ensure that EPA is prepared to meet the challenges of protecting human health indoors in the 21st Century." The current efforts to set priorities and target reductions in the concentration of selected indoor air pollutants are based on our limited analysis and understanding of indoor health risks and risk reduction opportunities. However, there are many sources of indoor air exposure data from government programs outside of the EPA that frequently do not reach the peer-reviewed literature. One example is state, county and city health department programs that routinely conduct environmental measurements as part of investigations of indoor air complaints. IHEC recommends that the Indoor Air Strategy serve to facilitate communication and coordination between the EPA and such programs. In addition, the IHEC recommends that the EPA consider updating the last comprehensive assessment of the indoor environment which was conducted by the National Research Council (NRC, 1981) over a decade ago. The Agency should also consider broadening the indoor air assessment to include issues such as the interaction and relative contributions of indoor and outdoor pollutants to total human exposure and risk.

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The Integrated Human Exposure Committee also recommends continued EPA efforts in the measurement of indoor contaminant concentrations and exposures given their importance in assessing risk. For example, the EPA Total Exposure Assessment Methodology (TEAM) studies of volatile organic compounds in several U.S. cities, and the Particle (PTEAM) in California were important in characterizing the normal ranges of residential indoor and personal air exposures for US populations and serve as the best available comparative, normative reference

(EPA, 1996)(EPA, 1997). The Indoor Air Environments, through the BASE study, has extended the TEAM methodology to develop both measurement data on volatile organic compounds in office buildings and related questionnaire data on health symptoms. This database provides a major resource for advancing our understanding of exposures to these pollutants and "sick building syndrome" in office workers.

The IHEC recommends that the EPA expand its efforts to address some of the indoor pollutants that are not currently detected during routine indoor air investigations. These pollutants are not detected due to the limitations of analytical techniques that are routinely employed in indoor air investigations. There are multiple reasons that some indoor air pollutants are "missed." Some compounds are missed because they are highly reactive (e.g., free radicals), thermally labile, difficult to desorb from sampling media or chromatographic columns, or do not produce an adequate response for the detectors that are used.

In addition to indoor air exposures, biomonitoring is an important tool for assessing risk. The ability to measure indoor air pollutants or their metabolites in biologic tissues, in conjunction with environmental air measurements, is an important next advancement in characterizing the exposure chain. The biomonitoring activities under the third National Health and Human Nutrition Examination Survey III (NHANES III) provided data that have already strengthened the Agency's risk assessments, including some data that is specific to children's risk. NHANES IV, which is being conducted by the National Center for Health Statistics with partial funding from the EPA, will significantly increase this database. The National Human Exposure Assessment Survey (NHEXAS) projects, which are managed by the Office of Research and Development's National Center for Environmental Assessment, National Exposure Research Laboratory, are examples of how to apply advancements in laboratory science to get closer to understanding total, integrated exposure through all media and exposure routes (e.g., inhalation, ingestion, and dermal exposure). The IHEC strongly supports the EPA's efforts in both the NHANES and the NHEXAS projects.

1	A more extensive analysis of opportunities	es for risk reduction, including risk associated
2	with exposure to indoor air contaminants, might	also be undertaken as an Agency
3	implementation of the Integrated Environmental	Decision Making Framework which the SAB is
4	just completing. The IHEC will be pleased to su	pport the Agency in such an effort.
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6	We trust that this Commentary will offer	some insights on the importance of the Indoor
7	Air Strategy in expanding our understanding of i	ndoor health risks and risk reduction options,
8	and on the opportunity for the EPA to further con	ntribute to improving the scientific basis for
9	indoor air exposure and health risk assessment.	
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12	Sincerely,	
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16	Dr. Henry A. Anderson, Chair	Dr. Joan M. Daisey, Chair
17	Integrated Human Exposure Committee	Executive Committee and Past Chair,
18		Integrated Human Exposure Committee

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1		<u>APP</u>	ENDIX A - ACRONYMS AND ABBREVIATIONS
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3	HHIP	-	Human Health Indoors Policy
4	NHANES	-	National Health and Human Nutrition Examination Survey
5	NHEXAS	-	National Health Exposure Assessment Survey
6	TEAM	-	Total Exposure Assessment Methodology
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9	Berkeley, CA
10	
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13	Paulsboro, NJ
14	
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16	
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18	California Berkeley, Berkeley, CA
19	D. Timethal I am Eminant of Civil
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24	School of Medicine, Piscataway, NJ
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27	21 1141 Shen 214, Cumoma Department of Heater Services, Berkeley, Ch
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30	
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36	
37	
30	

1	
2	
3	Dr. Barbara Petersen, Novigen Sciences, Inc., Washington, DC
4	
5	Dr. Mark Utell, Pulmonary Disease Unit, University of Rochester Medical Center,
6	Rochester, NY
7	
8	*Dr. Charles J. Weschler, Program Manager, Bell Communications Research, Red Bank, NJ
9	(a new Member who joined the Committee after the July meeting but contributed to this
10	commentary letter)
11	
12	Mr. Ron White, Deputy Director, National Programs and Director, Environmental Health,
13	American Lung Association, Washington, DC
14	
15	<u>Consultants</u>
16	Dr. Jonathan M. Samet, Chairman, Department of Epidemiology, School of Hygiene and
17	Public Health, The Johns Hopkins University, Baltimore, MD
18	
19	Science Advisory Board Staff
20	Ms. Roslyn Edson, Designated Federal Official, USEPA, Science Advisory Board, (1400),
21	401 M Street SW, Washington, DC 20460
22	
23	Mr. Samuel Rondberg, Designated Federal Official, USEPA, Science Advisory Board, (1400),
24	401 M Street, SW, Washington, DC 20460
25	
26	Mrs. Dorothy M. Clark, Staff Secretary, USEPA, Science Advisory Board, (1400),
27	401 M Street, SW, Washington, DC 20460
28	
29	

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